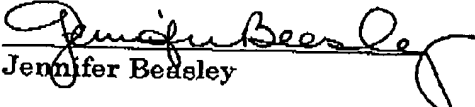


**ANDERSON & JANSSON, LLP****MAY 01 2006**

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Austin, TX 78759  
512 372 8440 · 512 233 2447 (fax)  
pehr@anjanlaw.com

Margaret Anderson  
Pehr Jansson

**FACSIMILE COVER SHEET**

<b>To: US Patent &amp; Trademark Off.</b> <b>FAX: 571 273 8300</b>  <b>Attn: Commissioner for Patents</b>  <b>ART UNIT : 3628</b> <b>Examiner: DASS, Harish T.</b>  <b>From: Pehr Jansson</b> <b>Reg. No. 35,759</b>	<b>Certificate of Transmission under 37 CFR 1.8</b>  I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office (Fax No.: 571 273 8300) on <u>May 1, 2006.</u>   Jennifer Beasley
<b><u>In regard to:</u></b>  Appl. No. : 09/822,683  Conf. No. : 9231  Applicant : Brown  Filing Date : 03/30/2001  Docket No. : 066922.0148 (104.001)  Customer No. : 41754	<b>This certificate applies to the following documents transmitted herewith:</b>  <ul style="list-style-type: none"> <li>• Certificate of Transmission/Cover Sheet (this page)</li> <li>• Transmittal Letter SB-21 (1 page)</li> <li>• Petition of Extension of Time &amp; copy (2 pages)</li> <li>• Fee Transmittal SB17 &amp; copy (2 pages)</li> <li>• Credit Card Form 2038 &amp; copy (2 pages)</li> <li>• Amendment &amp; Response (30 pages)</li> <li>• Appendix to Amendment &amp; Response (1 page)</li> </ul>
<b>Total number of pages including this cover page</b>	<b>-- 39 --</b>

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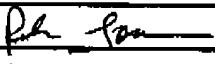
If you do not receive all pages, call 512 872 8440 or e-mail pehr@anjanlaw.com

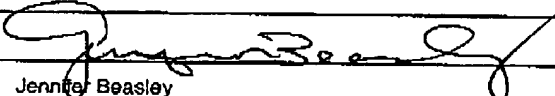
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PTO/SB/21 (09-04)  
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<b>TRANSMITTAL FORM</b>	Application Number	09/822,683	
	Filing Date	03/30/2001	
	First Named Inventor	Brown	
	Art Unit	3628	
	Examiner Name	DASS, Harish T.	
(to be used for all correspondence after initial filing)		Attorney Docket Number	066922.0148 (104.001)
Total Number of Pages in This Submission		39	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD  Remarks _____	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Form 2038 & copy (2 pages)
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm Name	Anderson & Jansson, LLP	
Signature		
Printed name	Pehr Jansson	
Date	May 1, 2006	Reg. No. 35,759

CERTIFICATE OF TRANSMISSION/MAILING		
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Signature		
Typed or printed name	Jennifer Beasley	Date May 1, 2006

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PTO/SB/17 (12-04v2)

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Effective on 12/09/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 400.00

**Complete if Known**

Application Number	09/822,683
Filing Date	3/30/2001
First Named Inventor	BROWN
Examiner Name	DASS, Harish T.
Art Unit	3628
Attorney Docket No.	066922.0148 (104.001)

**METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☐ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200	100
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Multiple dependent claims

360	180
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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45	- 20 or HP = 7	x 25.00 =	175.00
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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5	- 3 or HP = 0	x 0 =	2
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HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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_____	- 100 = _____	/ 50 = _____	(round up to a whole number) x _____ = _____
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**4. OTHER FEE(S)**


Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): 2 months Petition of Extension of time fee (small entity)

225.00

**SUBMITTED BY**

Signature		Registration No. 35,759 (Attorney/Agent)	Telephone 512 372 8440
Name (Print/Type)	Pehr Jansson		Date May 1, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04-02)

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Effective on 12/09/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 400.00

**Complete if Known**

Application Number	09/822,683
Filing Date	3/30/2001
First Named Inventor	BROWN
Examiner Name	DASS, Harish T.
Art Unit	3628
Attorney Docket No.	066922.0148 (104.001)

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☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
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Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

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Indep. Claims	Extra Claims	Fee (\$)	Fees Paid (\$)
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- 100 =	/ 50 =	(round up to a whole number) x		

**4. OTHER FEE(S)**

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Fees Paid (\$)

225.00

**SUBMITTED BY**Signature Registration No. 35,759  
(Attorney/Agent)

Telephone 512 372 8440

Name (Print/Type) Pehr Jansson

Date May 1, 2006

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